

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-022508

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116

FILED JUL 2 1962

Primary Registration District No. 3020

Registrar's No. 143

VS 300  
Rev. 4/59

1 0365

2 0364

3 2

4 0

5 1

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7 0

8 0

9 4221

10

11

12 2-0

13 5-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>WASHINGTON</b>		c. CITY OR TOWN <b>UNION</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. FRANCIS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>412 VONDERA</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRED HOFFMAN</b>		4. DATE OF DEATH Month Day Year <b>JUNE 26 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR. 9, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>	
13a. FATHER'S NAME <b>FRED HOFFMAN</b>		13b. MOTHER'S MAIDEN NAME <b>AGNES PAYNE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>MRS. MAUDE HOFFMAN 412 VONDERA</b>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease condition given in PART I (a)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Artistic schistosomiasis</i> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <b>6-25-62</b> to <b>6-26-62</b> and last saw her alive on <b>6-25-62</b> Death occurred at <b>6:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>B. H. Stuhlman MD</i>		22b. ADDRESS <i>Union, Missouri</i>	
22c. DATE SIGNED <b>6-27-62</b>		22d. LOCATION (City, town, or county) (State) <b>UNION MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JUNE 28, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CEMETERY</b>	
24. FUNERAL DIRECTOR ADDRESS <b>OLTMANN FUNERAL HOME UNION, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6/28/62</b>	
26. REGISTRAR'S SIGNATURE <i>Leola C. Stuhlman</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 18 1962

# STATEMENT BY-LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.